

(1) PLACE OF BIRTH

County of West Columbia
 or
 Township of West Columbia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43385

Registration District No. 3003Registered No. 79
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Mary Polinson

If child is not yet named, make supplemental report as directed

(3) BOY-OR GIRL? <u> </u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Nov 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. H. H. H.
 (9) PRESENT POSTOFFICE OF FATHER 20 20 20 20
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE L. H. H. H.
 (15) PRESENT POSTOFFICE OF MOTHER 20 20 20 20
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 14
 (Years)
 (18) BIRTHPLACE
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1922 (28) Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.